



Please Direct All Correspondence to Customer Number **20995**

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Syde A. Taheri
 App. No : 10/754,919
 Filed : January 10, 2004
 For : TEMPORARY ABSORBABLE
 VENOUS OCCLUSIVE STENT AND
 SUPERFICIAL VEIN TREATMENT
 METHOD
 Examiner : Sarah K. Webb
 Art Unit : 3731

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

June 7, 2006

(Date)

David G. Jankowski, Reg. No. 43,691

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 19 pages.
- (X) Declaration of Michael Mirizzi pursuant to 37 CFR 1.132 in 3 pages.
- (X) Exhibit 1 in 4 pages.
- (X) Request for a One Month Extension of Time.

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

| FEE CALCULATION | | | | |
|--------------------|-------------|--------------|-------------|---------|
| FEE TYPE | | FEE CODE | CALCULATION | TOTAL |
| Excess Claims | 40 - 40 = 0 | 2202 (\$25) | 0 x 25 = | \$0 |
| Excess Independent | 5 - 5 = 0 | 2201 (\$100) | 0 x 100 = | \$0 |
| 1 Month Extension | 1.17(a)(1) | 2251 (\$60) | | \$60.00 |
| TOTAL FEE DUE | | | | \$60.00 |

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$60.00 is enclosed.

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- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



David G. Jankowski
Registration No. 43,691
Attorney of Record
Customer No. 20,995
(949) 760-0404

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